

ORDER YOUR TICKETS TODAY!

CONTRIBUTING MEMBERSHIPS

MAKE A TAX-DEDUCTIBLE DIFFERENCE

Show your pride in the Salisbury-Rowan community and support the Symphony's superb concerts and outstanding educational programs by becoming a contributing member. All contributing members are recognized in our programs, and contributors of \$500 or more are invited to a Benefactor Reception.

CONTRIBUTOR CATEGORIES

- ☐ CONCERT SPONSOR \$2,500 & over
☐ CONDUCTOR'S CIRCLE \$2,000 - 2,499
☐ CHAIR SPONSOR \$1,000 - 1,999
☐ BENEFACTOR \$500 - 999
☐ SUSTAINER \$400 - 499
☐ PATRON \$300 - 399
☐ DONOR \$200 - 299
☐ I work for a matching gift company and am enclosing the necessary forms.

CONTRIBUTOR MEMBERSHIP AMOUNT (Total enclosed) \$ _____

Please indicate the number of tickets you would like to receive in subscription area below.

To compute the amount of your tax-deductible contribution, subtract the cost of tickets from the amount of your contributor membership.

SEASON TICKET ORDER FORM

Season tickets provide a significant savings over the cost of our already low individual ticket costs. Savings range up to 35%. Season ticket holders also receive our newsletter prior to each symphony concert.

ALL FIVE SUBSCRIPTION CONCERTS

| | No. of Tickets | | Total |
|----------------------------------------------------------------------------|----------------|---------|-----------------|
| Adult (ages 19-59) | _____ | @ \$60 | \$ _____ |
| Senior (ages 60 - up) | _____ | @ \$50 | \$ _____ |
| Student (ages 9 - 18) | _____ | @ \$25 | \$ _____ |
| (Children 8 or under purchase tickets at the door for \$4.00 per concert.) | | | |
| Family | _____ | @ \$150 | \$ _____ |
| (Family membership includes two adult and two student tickets.) | | | |
| New – Tix-Packs (all ages) | _____ | @ \$65 | \$ _____ |
| (Includes 5 coupons good for any concert or combination of concerts.) | | | |
| TOTAL COST OF TICKETS | | | \$ _____ |

Tickets will be mailed upon receipt of your order and payment.

Name _____

If you are a contributing member, please list your name(s) as you would like it (them) in the program.

Address _____

City _____ State _____ Zip Code _____

Telephone (____) _____

☐ Enclosed is my check.

☐ Please charge my credit card:

☐ Visa ☐ MasterCard Acct# _____

Expiration Date _____

Name of Cardholder _____

Make check payable to: Salisbury-Rowan Symphony Society

Mail check with this form to: Memberships, Salisbury-Rowan Symphony Society, P.O. Box 4264, Salisbury, NC 28145-4264

Questions?

Call (704) 637-4314 or e-mail Missy Shives at mshives@catawba.edu.